



1111 Washington Street SE
Olympia, Washington 98504-0917
Telephone - (360) 902-3000
FAX - (360) 902-3026

PUBLIC RECORDS REQUEST

PLEASE PRINT – *Do not send any money until you are notified of the cost*

PERSON REQUESTING

Name

Date Requested:

Company

Mailing Address

City, State, Zip

Telephone Number ()

FAX Number ()

PUBLIC RECORDS REQUESTED

CONDITIONS FOR RELEASE OR REVIEW OF PUBLIC RECORDS THAT ARE LISTS OF INDIVIDUALS

I agree that any list of individuals provided to me will not be used for any commercial purpose by myself or any other person I represent. I will protect the information from access by anyone who may use it for a commercial purpose, which means using the information for profit-making or profit-expecting activities.

I understand that I will be charged \$.15 per copy for all standard letter size copies I desire and that other size publications are available at cost. If the total is less than \$1.50, the fee may be waived. Please pay by check made payable to the Interagency Committee for Outdoor Recreation.

Signature of Person Requesting Public Document

Date

Request is: ☐ Approved ☐ Denied

Signature Authorizing Release of Records

Date

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